	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Rich Charbonneau	OFFICE USE ONLY ONLINE SUBMISSION								
(0)	Name	[1093888]								
(2)	420 Port Royal Blvd.	Submitted on:								
	Address (number and street) Satellite Beach, FL 32937	11/10/2015 14:53:13 (eastern)								
	City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 600								
(4)	Check appropriate box(es):									
Candidate Office Sought: School Board, District 3 Political Committee (PC) Electioneering Communications Org. (ECO)										
	(5) Report	Identifiers								
Cov	er Period: From 10 / 1 / 2015 To									
	Original ☑ Amendment ☐ Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cas	h & Checks \$, , 0 . 00	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	al Monetary \$, , 0 . <u>00</u>	Total Monetary \$, , 0 . 00								
In-K	ind \$,,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , <u>0</u> 0								
(9)	(9) TOTAL Monetary Contributions To Date \$,,,,,,,,,,,									
(T	(11) Cert It is a first degree misdemeanor for any person certify that I have examined this report and it is true, corre Type name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	on to falsify a public record (ss. 839.13, F.S.)								
<u>X</u>		<u>X</u>								
Si	ignature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Rich Charbonneau				2) I.D. Numbe	er <u>6</u>	0.0
	10/1/2015		1	0/31/2015			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of
				1			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_	SECOND DESCRIPTION OF STREET		Date: Investoria		
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Milendinent	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Rich	Cha	rbonn	eau				 (2) I.D. Nun	nber	(500	p
		10	0/1/20)15		10/31/	2015					
(3) Cover P	eriod		/	/	through_			 (4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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